

Article - Health - General

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§2-501. IN EFFECT

(a) In this subtitle the following words have the meanings indicated.

(b) “Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary costs to a program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized health care standards.

(c) “Claim” means a request or demand for money, property, or services made under contract or otherwise, by a contractor, grantee, provider, or other person seeking money for the provision of health services if:

(1) The State or Department provides any portion of the money or property that is requested or demanded; or

(2) The State or Department reimburses the contractor, grantee, provider, or other person for any portion of the money or property that is requested or demanded.

(d) “Employee” means any individual who performs services for, or under the control or direction of, a provider for wages or other remuneration.

(e) (1) “Fraud” means an intentional material deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some unauthorized benefit or payment.

(2) “Fraud” includes any act that constitutes fraud under applicable State or federal law.

(f) “Program” means the Medical Assistance Program, the Cigarette Restitution Fund Program, the Developmental Disabilities Administration, the Behavioral Health Administration, the Prevention and Health Promotion Administration, or any other unit of the Department that pays a provider for a service rendered or claimed to have been rendered to a recipient.

(g) (1) “Provider” means:

(i) An individual licensed or certified under the Health Occupations Article to provide health care;

- (ii) A licensed facility that provides health care to individuals;
- (iii) Any other person who or entity that provides health care, products, or services to a program recipient; or
- (iv) A contractor, subcontractor, or vendor who directly or indirectly provides the Department or its recipients supplies, drugs, equipment, or services.

(2) “Provider” does not include a State agency that receives grant funding from or through the Department if that agency has in place a corporate compliance program that meets departmental requirements.

(h) “Recipient” means an individual who receives benefits under a program.

(i) “Recovery” means the repayment of money to the Department by a provider through return, reimbursement, recoupment, withholding of future payments, offsets, or any other method.

§2–501. ** TAKES EFFECT JULY 1, 2022 PER CHAPTERS 325 AND 326 OF 2021 **

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(b) “Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary costs to a program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized health care standards.

(c) “Claim” means a request or demand for money, property, or services made under contract or otherwise, by a contractor, grantee, provider, or other person seeking money for the provision of health services if:

(1) The State or Department provides any portion of the money or property that is requested or demanded; or

(2) The State or Department reimburses the contractor, grantee, provider, or other person for any portion of the money or property that is requested or demanded.

(d) “Employee” means any individual who performs services for, or under the control or direction of, a provider for wages or other remuneration.

(e) (1) “Fraud” means an intentional material deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some unauthorized benefit or payment.

(2) “Fraud” includes any act that constitutes fraud under applicable State or federal law.

(e–1) “Office” means the Maryland Office of the Inspector General for Health established under § 2–502 of this subtitle.

(f) “Program” means the Medical Assistance Program, the Cigarette Restitution Fund Program, the Developmental Disabilities Administration, the Behavioral Health Administration, the Prevention and Health Promotion Administration, or any other unit of the Department that pays a provider for a service rendered or claimed to have been rendered to a recipient.

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